

QA State Interpreter Certification Program
Department of Labor and Economic Growth
Division on Deaf and Hard of Hearing

Michigan Deaf Association
Michigan Registry of Interpreters for the Deaf

FEE SCHEDULE: \$70.00 Michigan Residents \$120.00 Non-Michigan Residents (Effective 2/17/06)
Non sufficient funds-NSF fees will apply

AUTHORITY: P.A. 204 OF 1982 COMPLETION: Mandatory PENALTY: Non-Participation in Program	BELOW SIX BOXES FOR OFFICE USE ONLY!!!		
	DATE RECEIVED:	DATE SCHEDULED:	AMOUNT PAID: CHECK NUMBER:
	PERFORMANCE LEVEL ACHIEVED:		WRITTEN TEST ACHIEVED: DATE:
INSTRUCTIONS: Please complete the following information as accurately as possible. Type or print. Enclose the application fee as required. Make check payable to MI QA. Send check and application to: Michigan/QA P.O. Box 12083 Lansing, MI 48901-2083			
NAME:		E-MAIL ADDRESS:	
ADDRESS (Street Number and Street Name):		SOCIAL SECURITY NUMBER: (OPTIONAL)	
CITY:	STATE:	ZIPCODE:	COMMUNICATION MODE PREDOMINANTLY USED: <input type="checkbox"/> ASL <input type="checkbox"/> SEE I,II <input type="checkbox"/> PSE <input type="checkbox"/> OTHER: _____
HOME PHONE (include area code):		BUSINESS PHONE (include area code):	DO YOU SIGN ON A REGULAR BASIS? WHERE?
CHECK SITUATIONS WHERE YOU HAVE INTERPRETED IN THE LAST THREE YEARS. <input type="checkbox"/> EDUCATIONAL <input type="checkbox"/> LEGAL <input type="checkbox"/> MEDICAL <input type="checkbox"/> PLATFORM <input type="checkbox"/> DEAF/BLIND <input type="checkbox"/> MLS <input type="checkbox"/> ADMINISTRATIVE <input type="checkbox"/> SOCIAL <input type="checkbox"/> RELIGIOUS <input type="checkbox"/> INFORMAL <input type="checkbox"/> OTHER(S): _____			
MEMBERSHIP: <input type="checkbox"/> MICHIGAN REGISTRY OF INTEPRETERS FOR THE DEAF (MIRID) <input type="checkbox"/> NATIONAL REGISTRY OF INTERPRETERS FOR THE DEAF (RID) <input type="checkbox"/> MICHIGAN DEAF ASSOCIATION (MDA)			
NAD-RID CODE OF PROFESSIONAL CONDUCT:			
ARE YOU FAMILIAR WITH THE CODE OF PROFESSIONAL CONDUCT AND GUIDELINES AS ESTABLISHED BY NAD-RID? <input type="checkbox"/> YES <input type="checkbox"/> NO			
HAVE YOU COMPLETED AN INTERPRETER TRAINING PROGRAM? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, GIVE DETAILS IN BOXES TO THE RIGHT.		NAME OF PROGRAM:	
		DATE OF GRADUATION:	
ARE YOU CURRENTLY ENROLLED IN AN INTERPRETER TRAINING PROGRAM? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, GIVE PROGRAM AND EXPECTED GRADUATION DATE.		NAME OF PROGRAM:	
		DATE OF GRADUATION:	
IS THIS YOUR FIRST APPLICATION TO QA? <input type="checkbox"/> YES <input type="checkbox"/> NO			
IF NO, GIVE LAST TIME YOU TOOK QA AND LEVEL ACHIEVED. DATE: _____ LEVEL: _____			
BY SIGNING BELOW, I CONFIRM THAT I HAVE READ THE MOST RECENT VERSION AND UNDERSTAND ALL OF THE GUIDELINES WITHIN THE QA INFORMATION PACKET WITH GUIDELINES OF THE QA PROCESS. MY SIGNATURE FURTHER DESIGNATES THAT I HAVE COMPLETED ALL BOXES AND ANSWERED ALL OF THE ABOVE QUESTIONS TO THE BEST OF MY KNOWLEDGE. APPLICANT'S SIGNATURE: _____			DATE: _____